

WYOMING STATE BOARD OF PHARMACY

PRESCRIPTION DRUG MONITORING PROGRAM (Controlled Substances)

PROFILE REQUEST PRACTITIONER/PATIENT (LAW ENFORCEMENT/LICENSING BOARD)

Mailing Address: Wyoming State Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002

Please call the board's office if you have any questions regarding the prescription drug monitoring program. (307) 634-9636.

Contacts:

David N. Wills, Records Analyst david.wills@wyo.gov
Matthew R. Martineau, RPh, Executive Director matt.martineau@wyo.gov

Agency Contact Name:

Practitioner/Patient Name:

Your Request has been denied for the following reason (s):

Your Request has been processed for the following reason(s):

Meets W.S. 35-7-1060(c)(ii)

Signature of Executive Director

Date

This profile will be mailed to the law enforcement agency, provided the request meets the requirements of W.S. 35-7-1060 (c)(ii)

Date received: _____ Time received (if faxed): _____

Profile prepared: _____ and mailed via US Mail on _____